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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |   |
|-----|---|--|---|
|     |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Michael First name  P. Middle name       | First name                                    |
|     |   | wilddie name                             | Middle name                                   |
|     | Bring your picture identification to your   | Seat                                     |   |
|     | meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |  |   |
|     | Include your married or maiden names.   |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-4990                              |   |
|     |   |  |   |

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Document Case number (if known) Debtor 1 Michael P. Seat

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |  |  |  |
|  | •   | EINs  | EINs   |  |  |  |
| 5.   | Where you live  | 312 E. Fabyan Parkway   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Kane<br>County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition,   | Check one:  Over the last 180 days before filing this petition, I  |  |  |  |
|  | , ,   | I have lived in this district longer than in any other district.  | have lived in this district longer than in any other district.   |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

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| ar   | Tell the Court About   | Your B      | ankruptcy Ca   | se   |  |   |   |  |  |
|--|--|-------------|----------------|--|--|---|---|--|--|
| 7.   | The chapter of the Bankruptcy Code you are   |             |                |  | of each, see <i>Notice Required by</i> page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Ba  | nkruptcy  |  |  |
|  | choosing to file under   | Chapter 7   |                |  |  |   |   |  |  |
|  |  | □с          | hapter 11      |  |  |   |   |  |  |
|  |  | □с          | hapter 12      |  |  |   |   |  |  |
|  |  | □с          | hapter 13      |  |  |   |   |  |  |
|  |  |             |                |  |  |   |   |  |  |
| I will pay the entire fee when I file my petition. Please check with the clerk's about how you may pay. Typically, if you are paying the fee yourself, you may porder. If your attorney is submitting your payment on your behalf, your attorney is a pre-printed address. |  |             |                |  |  | ourself, you may pay with cash, cashier's chec  | k, or money   |  |  |
|  | ☐ I need to pay the fee in installments. If you choose this option, sign ar The Filing Fee in Installments (Official Form 103A). |             |                |  |  | on, sign and attach the Application for Individu  | n and attach the Application for Individuals to Pay |  |  |
| ☐ I request that my f  |  |             |                | my fee be wa                               | ived (You may request this option                                      | n only if you are filing for Chapter 7. By law, a   |   |  |  |
|  |  |             |                |  |  | ur income is less than 150% of the official poven installments). If you choose this option, you r |   |  |  |
|  |  |             | the Applicatio | n to Have the C                            | Chapter 7 Filing Fee Waived (Office                                    | sial Form 103B) and file it with your petition.   |   |  |  |
|  |  |             |                |  |  |   |   |  |  |
| <b>)</b> .   | Have you filed for<br>bankruptcy within the  | ■ No        |                |  |  |   |   |  |  |
|  | last 8 years?  | □ Y€        | es.            |  |  |   |   |  |  |
|  |  |             | District       |  | When   | Case number   |   |  |  |
|  |  |             | District       |  | When   | Case number   |   |  |  |
|  |  |             | District       |  | When   | Case number   |   |  |  |
| 10.  | Are any bankruptcy   | <b>=</b> N. |                |  |  |   |   |  |  |
|  | cases pending or being   | ■ No        |                |  |  |   |   |  |  |
|  | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate?                | □ Y€        | es.            |  |  |   |   |  |  |
|  |  |             | Debtor         |  |  | Relationship to you   |   |  |  |
|  |  |             | District       |  | When   | Case number, if known   |   |  |  |
|  |  |             | Debtor         |  |  | Relationship to you   |   |  |  |
|  |  |             | District       |  | When   | Case number, if known   |   |  |  |
| 11.  | Do you rent your residence?  | ■ No        | Go to li       | ne 12.                                     |  |   |   |  |  |
|  | . Joingillo .  | □Y€         | es. Has you    | ur landlord obta                           | nined an eviction judgment agains                                      | t you?  |   |  |  |
|  |  |             |                | No. Go to line                             | 12.  |   |   |  |  |
|  |  |             |                | Yes. Fill out <i>Ini</i><br>bankruptcy pet |  | Judgment Against You (Form 101A) and file it  | with this   |  |  |
|  |  |             |                |  |  |   |   |  |  |

Document Page 4 of 52 Case number (if known) Debtor 1 Michael P. Seat Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes.

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Michael P. Seat

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 52 Case number (if known) Debtor 1 Michael P. Seat Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael P. Seat Michael P. Seat Signature of Debtor 2 Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on March 28, 2018

MM / DD / YYYY

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Debtor 1 Michael P. Seat Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Tracey A. Hower                    | Date          | March 28, 2018 |
|--|---------------|----------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY |
| Tracey A. Hower                        |               |                |
| Printed name                           |               |                |
| Mevorah Law Offices LLC                |               |                |
| Firm name                              |               |                |
| 134 North Bloomingdale Road            |               |                |
| Bloomingdale, IL 60108                 |               |                |
| Number, Street, City, State & ZIP Code |               |                |
| Contact phone                          | Email address |                |
| 6300061                                |               |                |
| Bar number & State                     |               |                |

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| Deb  | tor 1 Michael P. Seat  |                       |  | Case number   | er (if known)   |  |  |  |
|------|--|-----------------------|--|---|---|--|--|--|
| Part | 6: Answer These Questi   | ons for R             | eporting Purposes  |   |   |  |  |  |
| 16.  | What kind of debts do you have?                                | 16a.                  |  | y consumer debts? Consumer debts are defi<br>personal, family, or household purpose."               | ned in 11 U.S.C. § 101(8) as "incurred by an  |  |  |  |
|      |  |                       | □ No. Go to line 16b.  |   |   |  |  |  |
|      |  |                       | Yes. Go to line 17.  |   |   |  |  |  |
|      |  | 16b.                  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |  |  |  |
|      |  |                       | ☐ No. Go to line 16c.  | Ç .   |   |  |  |  |
|      |  |                       | ☐ Yes. Go to line 17.  |   |   |  |  |  |
|      |  | 16c.                  | State the type of debts ye   | ou owe that are not consumer debts or busines   | ss debts  |  |  |  |
| 17.  | Are you filing under Chapter 7?                                | □ No.                 | I am not filing under Cha  | opter 7. Go to line 18.   |   |  |  |  |
|      | Do you estimate that after any exempt property is excluded and | Yes.                  | I am filing under Chapter are paid that funds will b   | r 7. Do you estimate that after any exempt prope available to distribute to unsecured creditors     | perty is excluded and administrative expenses ?   |  |  |  |
|      | administrative expenses are paid that funds will               |                       | ■ No   |   |   |  |  |  |
|      | be available for distribution to unsecured creditors?          |                       | Yes  |   |   |  |  |  |
| 18.  | How many Creditors do  | <b>1</b> -49          |  | ☐ 1,000-5,000   | <b>25,001-50,000</b>  |  |  |  |
|      | you estimate that you owe?                                     | □ 50-99               | )  | ☐ 5001-10,000   | ☐ 50,001-100,000  |  |  |  |
|      |  | □ 100-1<br>□ 200-9    |  | □ 10,001-25,000   | ☐ More than100,000  |  |  |  |
| 19.  | How much do you  | □ \$0 - S             | 550,000  | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|      | estimate your assets to be worth?                              |                       | 001 - \$100,000  | ☐ \$10,000,001 - \$50 million   | \$1,000,000,001 - \$10 billion  |  |  |  |
|      |  |                       | ,001 - \$500,000<br>,001 - \$1 million   | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million                                      | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                              |  |  |  |
| 20.  | How much do you  | □ \$0 - S             | \$50,000   | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |  |  |  |
|      | estimate your liabilities to be?                               |                       | 001 - \$100,000  | ☐ \$10,000,001 - \$50 million   | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |  |  |  |
|      |  |                       | ,001 - \$500,000<br>,001 - \$1 million   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                                   | ☐ More than \$50 billion  |  |  |  |
| Pai  | t7: Sign Below   |                       |  |   |   |  |  |  |
| For  | you  | I have e              | xamined this petition, and   | I declare under penalty of perjury that the info  | rmation provided is true and correct.   |  |  |  |
|      |  | If I have<br>United S | chosen to file under Chap<br>States Code. I understand   | oter 7, I am aware that I may proceed, if eligible the relief available under each chapter, and I o | e, under Chapter 7, 11,12, or 13 of title 11,<br>choose to proceed under Chapter 7.     |  |  |  |
|      |  | docume                | nt, I have obtained and re   | did not pay or agree to pay someone who is nad the notice required by 11 U.S.C. § 342(b).           |   |  |  |  |
|      |  | I reques              | t relief in accordance with  | the chapter of title 11, United States Code, sp   | ecified in this petition.   |  |  |  |
|      |  | bankrup<br>and 35/1   | tcy case can result in fine:   | ment, concealing property, or obtaining money<br>s up to \$250,000, or imprisonment for up to 20    | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|      |  | Michae                | el P. Seat<br>re of Debtor 1   | Signature of Debi   | or 2  |  |  |  |
|      |  | Execute               | MM / DD / YYYY   | Executed on M   | M / DD / YYYY   |  |  |  |
|      |  |                       |  |   |   |  |  |  |

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| Debtor 1 Michael P. Seat  | Case number (if known)  |  |  |  |
|---|---|--|--|--|
| For your attorney, if you are epresented by one f you are not represented by an attorney, you do not need o file this page. | I, the attorney for the debtor(s) named in this petition, declare that I have infunder Chapter 7, 11, 12, or 13 of title 11, United States Code, and have exp for which the person is eligible. I also certify that I have delivered to the detand, in a case in which § 707(b)(4)(D) applies, certify that I have no knowled schedules filed with the petition is incorrect. | formed the debtor(s) about eligibility to proceed plained the relief available under each chapter obtor(s) the notice required by 11 U.S.C. § 342(b) |  |  |
|   | Contact phone Email address 6300061   |  |  |  |
|   | Bar number & State  |  |  |  |

|                    |                          | Docume            | ent Page 10 of 52 |                       |
|--------------------|--------------------------|-------------------|-------------------|-----------------------|
| Fill in this infor | mation to identify your  | case:             |                   |                       |
| Debtor 1           | Michael P. Seat          |                   |                   |                       |
|                    | First Name               | Middle Name       | Last Name         |                       |
| Debtor 2           |                          |                   |                   |                       |
| Spouse if, filing) | First Name               | Middle Name       | Last Name         |                       |
| United States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                       |
| Case number        |                          |                   |                   |                       |
| if known)          |                          |                   |                   | ☐ Check if this is an |
|                    |                          |                   |                   | amended filing        |

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets  |             |                           |
|-----|--|-------------|---------------------------|
| rai | Summarize Your Assets  | Your a      | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 146,000.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 16,395.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 162,395.00                |
| Par | 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                 | \$          | 163,867.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 39,372.05                 |
|     | Your total liabilities   | \$          | 203,239.05                |
| Par | 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,653.49                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 4,485.62                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                     | ır other sc | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "1411.5.0. \$ 101(9). Fill out lines 8.0g for stellistical purposes 28.11.5.0. \$ 150 | a personal  | l, family, or             |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Page 11 of 52
Case number (if known) Debtor 1 Michael P. Seat

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

819.67 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                     | (                             | Case 18-0904                                    | 6 Doc 1                                     | Filed 03/28/1<br>Document                      | .8 Entered 03/28/1   | .8 15:45:02                           | Desc         | Main   |
|---------------------|-------------------------------|---|---|--|--|---------------------------------------|--------------|--|
| FIII                | in this inf                   | ormation to identify                            | your case and th                            | is filing:                                     |  |                                       |              |  |
| Deb                 | otor 1                        | Michael P. S                                    |   | e Name   | Last Name  |                                       |              |  |
|                     | otor 2<br>use, if filing)     | First Name                                      | Middle                                      | Name   | Last Name  |                                       |              |  |
| Unit                | ted States                    | Bankruptcy Court for                            | the: NORTHER                                | N DISTRICT OF IL                               | LINOIS   |                                       |              |  |
| Cas                 | se number                     |   |   |  |  |                                       |              | Check if this is an amended filing   |
| _                   |                               | orm 106A/E                                      | _   |  |  |                                       |              | 12/15  |
| hink<br>nfor<br>nsw | it fits best.<br>mation. If m | Be as complete and ore space is needed, estion. | accurate as possibl<br>attach a separate sl | e. If two married peo<br>neet to this form. On | If an asset fits in more than one open are filing together, both are the top of any additional pages  Own or Have an Interest In | equally responsible                   | e for supply | ying correct   |
|                     | No. Go to I                   | e is the property?                              |   |  |  |                                       |              |  |
| 1.1                 | 312 E. F                      | abyan Parkway                                   |   |  | erty? Check all that apply   | Do not do dont con                    |              | Dut  |
|                     |                               | ss, if available, or other des                  | scription                                   | ш .  | nulti-unit building<br>um or cooperative   | the amount of any                     | secured cla  | s or exemptions. Put<br>aims on <i>Schedule D:</i><br>Secured by Property. |
|                     | Batavia                       | IL  | 60510-0000                                  | Land   | red or mobile home   | Current value of the entire property? | р            | current value of the ortion you own?                                       |
|                     | City                          | State   | ZIP Code                                    | ☐ Investment☐ Timeshare                        |  | \$146,000                             |              | \$146,000.00   |
|                     |                               |   |   | _  | rest in the property? Check one  |                                       | ole, tenanc  | ownership interest<br>y by the entireties, or                              |
|                     | Kane                          |   |   | ■ Debtor 1 or                                  | •  |                                       |              |  |
|                     | County                        |   |   | Debtor 1 a                                     | nd Debtor 2 only e of the debtors and another  | Check if this                         |              | nity property  |
|                     |                               |   |   | Other information property identific           | n you wish to add about this itent   | m, such as local                      |              |  |
|                     |                               |   |   |  | ate of disrepair - needs n   | ew roof to be a                       | ble to se    | ell  |
|                     |                               |   |   |  |  |                                       |              |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$146,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known) Document Debtor 1 Michael P. Seat 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Equinox** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2016 Year: Debtor 2 only Current value of the Current value of the 15000 entire property? Approximate mileage: Debtor 1 and Debtor 2 only portion you own? Other information: At least one of the debtors and another \$14,670.00 \$14,670.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Mazda Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: 6 Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2007 Year: Debtor 2 only Current value of the Current value of the 202000 Approximate mileage: entire property? portion you own? ☐ Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Not in running condition \$1,000.00 \$1,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$15,670.00 Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$500.00 Furniture, television, couch, 2 beds, kitchen set

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

☐ Yes. Describe.....

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Case number (if known) Document Debtor 1 Michael P. Seat 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$100.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$600.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$50.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

■ Yes.....

Institution name:

17.1. Checking

First National Bank

\$75.00

page 3

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| 18.  | Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with brokerage firms, money market accounts   |  |
|------|---|--|
|      | ■ No □ Yes Institution or issuer name:  |  |
| 19.  | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in joint venture  No   | an LLC, partnership, and                                     |
|      | Yes. Give specific information about them   |  |
| 20.  | Government and corporate bonds and other negotiable and non-negotiable instruments  Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. |  |
|      | ■ No  |  |
|      | Yes. Give specific information about them Issuer name:  |  |
| 21.  | Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plan  No  | s  |
|      | ☐ Yes. List each account separately.  Type of account:  Institution name:   |  |
|      | Security deposits and prepayments  Your share of all unused deposits you have made so that you may continue service or use from a company  Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies,                          | or others  |
|      | ■ No □ Yes  |  |
| 23.  | Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)   |  |
|      | ■ No  |  |
|      | ☐ Yes Issuer name and description.  |  |
|      | Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition progra 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   | m.   |
|      | ■ No □ Yes  |  |
| 25.  | Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercis ■ No   | able for your benefit  |
|      | ☐ Yes. Give specific information about them   |  |
|      | Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  No  |  |
|      | ☐ Yes. Give specific information about them   |  |
|      | Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses   |  |
|      | ■ No □ Yes. Give specific information about them  |  |
| Ma   | oney or property owed to you?   | Current value of the   |
| 1410 | oney of property owed to you:   | portion you own? Do not deduct secured claims or exemptions. |
| 28.  | Tax refunds owed to you   |  |
|      | ■ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  |  |

Official Form 106A/B Schedule A/B: Property page 4

| Dahtani                   | Case 18-0904   | 46 Doc 1                            | Filed 03/28/18<br>Document                          | Entered 03/28/18 15:45:02<br>Page 16 of 52             | Desc Main                  |
|---------------------------|--|-------------------------------------|---|--|----------------------------|
| Debtor 1                  | Michael P. Seat  |                                     |   | Case number (if known)                                 |                            |
| ■ No                      | • •  |                                     | usal support, child supp                            | ort, maintenance, divorce settlement, property         | settlement                 |
| Examµ<br>■ No             | amounts someone ow<br>oles: Unpaid wages, dis<br>benefits; unpaid to<br>Give specific informat | sability insurance pans you made to |   | efits, sick pay, vacation pay, workers' compe          | nsation, Social Security   |
| Exam <sub>i</sub><br>■ No | ets in insurance polici<br>bles: Health, disability,<br>Name the insurance or                  | or life insurance; h                |   | HSA); credit, homeowner's, or renter's insura          | nce                        |
| <b>–</b> 103.             |  | Company name:                       | olicy and list its value.                           | Beneficiary:   | Surrender or refund value: |
| If you a some of          |  | living trust, expec                 | someone who has die<br>t proceeds from a life in    | ed<br>surance policy, or are currently entitled to rec | eive property because      |
| Examµ<br>■ No             |  | ment disputes, in                   | you have filed a lawsu<br>surance claims, or rights | it or made a demand for payment<br>s to sue            |                            |
| ■ No                      | contingent and unlique   |                                     | every nature, includin                              | g counterclaims of the debtor and rights to            | set off claims             |
| 35. <b>Any fir</b> ■ No   | nancial assets you did   | l not already list                  |   |  |                            |
| ☐ Yes.                    | Give specific informat   | ion                                 |   |  |                            |
|                           |  |                                     |   | ny entries for pages you have attached                 | \$125.00                   |
| Part 5: De                | scribe Any Business-Re   | lated Property You                  | Own or Have an Interest                             | In. List any real estate in Part 1.                    |                            |
| No. Go                    | to Part 6.   | equitable interest                  | in any business-related p                           | roperty?   |                            |
| ∐ Yes. (                  | Go to line 38.   |                                     |   |  |                            |
|                           | scribe Any Farm- and Co<br>ou own or have an interes   |                                     | Related Property You Ow<br>n Part 1.                | n or Have an Interest In.                              |                            |
| ■ No.                     | own or have any leg<br>Go to Part 7.<br>. Go to line 47.                                       | al or equitable ir                  | terest in any farm- or o                            | commercial fishing-related property?                   |                            |
| Part 7:                   | Describe All Property  | You Own or Have a                   | an Interest in That You Did                         | l Not List Above                                       |                            |

53. **Do you have other property of any kind you did not already list?** *Examples:* Season tickets, country club membership

☐ Yes. Give specific information.......

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Case number (if known) Document Debtor 1 Michael P. Seat

54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$146,000.00 56. Part 2: Total vehicles, line 5 \$15,670.00 Part 3: Total personal and household items, line 15 57. \$600.00 Part 4: Total financial assets, line 36 58. \$125.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$16,395.00 Copy personal property total \$16,395.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$162,395.00

Official Form 106A/B Schedule A/B: Property page 6

|   |                         | I A A A A A A A A A A A A A A A A A A A | 111 1 1111. 10 11 |                      |
|---|-------------------------|---|-------------------|----------------------|
| Fill in this infor                      | mation to identify your | case:                                   |                   |                      |
| Debtor 1                                | Michael P. Seat         |   |                   |                      |
|   | First Name              | Middle Name                             | Last Name         |                      |
| Debtor 2                                |                         |   |                   |                      |
| (Spouse if, filing)                     | First Name              | Middle Name                             | Last Name         |                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT                       | OF ILLINOIS       |                      |
| Case number                             |                         |   |                   |                      |
| (if known)                              |                         |   |                   | ☐ Check if this is a |
|   |                         |   |                   | amended filing       |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | u Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

|   | -                                    | -    |   |                                    |
|---|--------------------------------------|------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property           | Current value of the portion you own | Amo  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|   | Copy the value from<br>Schedule A/B  | Chec | ck only one box for each exemption.                             |                                    |
| 312 E. Fabyan Parkway Batavia, IL 60510 Kane County   | \$146,000.00                         |      | \$30,000.00   | 735 ILCS 5/12-901                  |
| Home is in state of disrepair - needs new roof to be able to sell Line from Schedule A/B: 1.1 |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2016 Chevrolet Equinox 15000 miles Line from Schedule A/B: 3.1                                | \$14,670.00                          |      | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Line IIIIII Schedule AVD. 3.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2007 Mazda 6 202000 miles<br>Not in running condition   | \$1,000.00                           | •    | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 3.2   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Furniture, television, couch, 2 beds, kitchen set   | \$500.00                             |      | \$500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>6.1</b>  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothing Line from Schedule A/B: 11.1   | \$100.00                             |      | \$100.00  | 735 ILCS 5/12-1001(a)              |
| Zino nom Sonodalo / V.D.  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
|   |                                      |      |   |                                    |

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|    | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption |
|----|--|--------------------------------------|---|------------------------------------|
|    |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                            |                                    |
|    | Cash Line from Schedule A/B: 16.1  | \$50.00                              | \$50.00   | 735 ILCS 5/12-1001(b)              |
|    | Ellie Holli Schedule A/D. 10.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: First National Bank Line from Schedule A/B: 17.1   | \$75.00                              | \$75.00   | 735 ILCS 5/12-1001(b)              |
|    | Life from Schedule A/B. 11.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No  ☐ Yes. Did you acquire the property cove ☐ No | 3 years after that for ca            |   | ,                                  |
|    | ☐ Yes  |                                      |   |                                    |

|                               |   |                            | Document                                    | Page 2          | 0 of 52                             |                          |                          |
|-------------------------------|---|----------------------------|---|-----------------|-------------------------------------|--------------------------|--------------------------|
| Fill in this i                | information to ident                    | ify your case:             |   |                 |                                     |                          |                          |
| Debtor 1                      | Michael P.                              | Soat                       |   |                 |                                     |                          |                          |
| Debioi i                      | First Name                              |                            | Name  | Last Name       |                                     |                          |                          |
| Debtor 2                      |   |                            |   |                 |                                     |                          |                          |
| (Spouse if, filing            | g) First Name                           | Middle                     | Name  | Last Name       |                                     |                          |                          |
| United State                  | es Bankruptcy Court                     | for the: NORTHE            | RN DISTRICT OF ILLI                         | NOIS            |                                     |                          |                          |
| United State                  | es bankrupicy Court                     | ioi tile. NORTTIL          | NI DISTRICT OF ILLI                         | NOIS            |                                     |                          |                          |
| Case numb                     | er                                      |                            |   |                 |                                     |                          |                          |
| (if known)                    |   |                            |   |                 |                                     | ☐ Chec                   | k if this is an          |
|                               |   |                            |   |                 |                                     | amen                     | ided filing              |
|                               |   |                            |   |                 |                                     |                          |                          |
| Official F                    | <u>Form 106D</u>                        |                            |   |                 |                                     |                          |                          |
| Schedi                        | ıle D: Credi                            | tors Who H                 | ave Claims S                                | Secure          | ed by Property                      | <b>,</b>                 | 12/15                    |
|                               |   | 1010 1110 11               | 210 01411110                                | <del></del>     |                                     | ,                        | ,                        |
|                               |   |                            |   |                 | equally responsible for su          |                          |                          |
| s needed, co<br>number (if kn |   | e, fill it out, number the | e entries, and attach it to                 | o unis form.    | On the top of any addition          | iai pages, write your na | ame and case             |
| •                             | ditors have claims sec                  | ured by your property      | ?   |                 |                                     |                          |                          |
| `                             |   |                            |   | schodulos       | You have nothing else to            | roport on this form      |                          |
| _                             |   |                            | court with your other s                     | scriedules.     | Tou have nothing else to            | report on this form.     |                          |
| Yes.                          | Fill in all of the inform               | nation below.              |   |                 |                                     |                          |                          |
| Part 1:                       | ist All Secured Clai                    | ms                         |   |                 |                                     |                          |                          |
| 2 List all se                 | cured claims. If a credit               | tor has more than one s    | ecured claim, list the cred                 | litor congrate  | Column A                            | Column B                 | Column C                 |
|                               |   |                            | m, list the other creditors                 |                 |                                     | Value of collateral      | Unsecured                |
| much as poss                  | sible, list the claims in al            | phabetical order accord    | ing to the creditor's name                  | ).              | Do not deduct the                   | that supports this       | portion                  |
| 2.1 <b>PNC</b>                | Bank                                    | Describe the               | property that secures th                    | ne claim:       | value of collateral.<br>\$18,000.00 | s14,670.00               | If any <b>\$3,330.00</b> |
|                               | 's Name                                 |                            | rolet Equinox 1500                          |                 | Ψισ,σσσισσ                          | Ψ14,010.00               |                          |
|                               |   | 2010 Office                | Tolet Equiliox 1300                         | o iiiies        |                                     |                          |                          |
| P.O.                          | Box 3180                                |                            |   |                 |                                     |                          |                          |
|                               | burgh, PA                               | As of the date apply.      | you file, the claim is: (                   | check all that  |                                     |                          |                          |
|                               | 0-3180                                  | Contingen                  |   |                 |                                     |                          |                          |
| Number                        | , Street, City, State & Zip Co          |                            |   |                 |                                     |                          |                          |
|                               | , | ☐ Disputed                 | ,   |                 |                                     |                          |                          |
| Who owes t                    | the debt? Check one.                    | •                          | n. Check all that apply.                    |                 |                                     |                          |                          |
| ■ Debtor 1 o                  | only                                    | ■ An agreem                | ent you made (such as m                     | ortagae or s    | ecured                              |                          |                          |
| Debtor 2                      | •                                       | car loan)                  | ient you made (such as n                    | lorigage or s   | courcu                              |                          |                          |
|                               | and Debtor 2 only                       | □ Statutory li             | en (such as tax lien, med                   | hanic's lion)   |                                     |                          |                          |
| _                             | ne of the debtors and ar                | ′                          | lien from a lawsuit                         | nanic s lien)   |                                     |                          |                          |
|                               | this claim relates to a                 | •                          | uding a right to offset)                    |                 |                                     |                          |                          |
| commur                        |   | Other (inci                | uding a right to onset) _                   |                 |                                     |                          |                          |
|                               |   |                            |   |                 |                                     |                          |                          |
|                               | August                                  | •                          |   | 0007            | ,                                   |                          |                          |
| Date debt wa                  | as incurred 2016                        | Last 4                     | digits of account numb                      | er 9997         |                                     |                          |                          |
|                               |   |                            |   |                 |                                     |                          |                          |
|                               | s Fargo Home                            |                            |   |                 | ¢4.4E.067.00                        | £4.46.000.00             | ¢0.00                    |
| Mort                          |   |                            | property that secures the                   |                 | \$145,867.00                        | \$146,000.00             | \$0.00                   |
| Creditor                      | 's Name                                 |                            | yan Parkway Bata                            | via, IL         |                                     |                          |                          |
|                               |   | 60510 Kai                  |   |                 |                                     |                          |                          |
|                               |   |                            | state of disrepair                          | - neeas         |                                     |                          |                          |
|                               | Box 10335                               |                            | o be able to sell you file, the claim is: 0 | heck all that   |                                     |                          |                          |
|                               | Moines, IA                              | apply.                     | you mo, mo olumn lo. c                      | nicok ali triat |                                     |                          |                          |
| 5030                          | 6-0335                                  | Contingen                  |   |                 |                                     |                          |                          |
| Number                        | , Street, City, State & Zip Co          |                            | ed  |                 |                                     |                          |                          |
|                               |   | ☐ Disputed                 |   |                 |                                     |                          |                          |
| Who owes t                    | the debt? Check one.                    | Nature of lie              | n. Check all that apply.                    |                 |                                     |                          |                          |
| Debtor 1                      | ,                                       | -                          | ent you made (such as m                     | nortgage or s   | ecured                              |                          |                          |
| Debtor 2                      |   | _ car loan)                |   |                 |                                     |                          |                          |
| ☐ Debtor 1                    | and Debtor 2 only                       | •                          | en (such as tax lien, med                   | hanic's lien)   |                                     |                          |                          |
| At least or                   | ne of the debtors and ar                | nother                     | lien from a lawsuit                         |                 |                                     |                          |                          |

At least one of the debtors and another

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| Debtor 1 Michael                     | P. Seat             |   | Case number (if know)        |
|--------------------------------------|---------------------|---|------------------------------|
| First Name                           | Middle N            | lame Last Name  |                              |
| ☐ Check if this claim community debt | relates to a        | Other (including a right to offset)   |                              |
| Date debt was incurre                | August 3, 2012      | Last 4 digits of account number   | 7241                         |
|                                      | e of your form, add | Column A on this page. Write that number I<br>the dollar value totals from all pages. | \$163,867.00<br>\$163,867.00 |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|   |   | Document   | Page 22  | 2 of 52   |  |  |
|---|---|--|--|---|--|--|
| Fill in th  | is information to identify your   | case:  |  |   |  |  |
| Debtor 1  | Michael P. Seat   |  |  |   |  |  |
|   | First Name  | Middle Name  | Last Name  |   |  |  |
| Debtor 2 (Spouse if,                              |   | Middle Name  | Last Name  |   |  |  |
| United S  | tates Bankruptcy Court for the:   | NORTHERN DISTRICT OF IL  | LINOIS   |   |  |  |
| Case nul  | mber  |  |  |   | _  | eck if this is an<br>ended filing                            |
|   | l Form 106E/F<br>Iule E/F: Creditors V  | Vho Have Unsecured   | Claims   |   |  | 12/15  |
| any execu<br>Schedule<br>Schedule<br>left. Attacl | tory contracts or unexpired leases<br>G: Executory Contracts and Unex<br>D: Creditors Who Have Claims Sec | se Part 1 for creditors with PRIORI's that could result in a claim. Also bired Leases (Official Form 106G). I cured by Property. If more space is ge. If you have no information to re | list executory c<br>Do not include a<br>needed, copy t | ontracts on Schedule A/B: F<br>any creditors with partially s<br>he Part you need, fill it out, | Property (Official<br>secured claims the<br>number the entri | Form 106A/B) and on nat are listed in es in the boxes on the |
| Part 1:   | List All of Your PRIORITY U   |  |  |   |  |  |
| _   | ny creditors have priority unsecure   | ed claims against you?   |  |   |  |  |
| _   | o. Go to Part 2.  |  |  |   |  |  |
| ☐ Ye  |   |  |  |   |  |  |
| Part 2:   | List All of Your NONPRIORI  |  |  |   |  |  |
| 3. Do ar  | ny creditors have nonpriority unse  | cured claims against you?  |  |   |  |  |
| □ No  | o. You have nothing to report in this p   | part. Submit this form to the court with   | your other sche  | dules.  |  |  |
| ■ Ye  | es.   |  |  |   |  |  |
| unsec   | cured claim, list the creditor separate one creditor holds a particular claim,                            | laims in the alphabetical order of the laims in the alphabetical order of the laim lister of the other creditors in Part 3.If you  | d, identify what ty                                    | ype of claim it is. Do not list cla   | aims already inclu   | ded in Part 1. If more                                       |
|   |   |  |  |   |  | Total claim  |
| 4.1   | Bank of America   | Last 4 digits of acc   | count number   | 4929  |  | \$23,694.41  |
|   | Nonpriority Creditor's Name P.O. Box 982238   | When was the deb   | t incurred?  |   |  |  |
| _   | El Paso, TX 79998-2238  | When was the deb   | t illouireu:   |   |  |  |
| 1   | Number Street City State Zlp Code  Who incurred the debt? Check one                                       |  | file, the claim is                                     | s: Check all that apply   |  |  |
|   | Debtor 1 only   | □ Contingent   |  |   |  |  |
|   | Debtor 2 only   | ☐ Unliquidated   |  |   |  |  |
| _   | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |   |  |  |
| _   | At least one of the debtors and ar  |  | RITY unsecured   | l claim:  |  |  |
|   | $\Box$ Check if this claim is for a com   | <b>—</b>   |  |   |  |  |
| C   | lebt  | ☐ Obligations arisi  |  | ration agreement or divorce th  | nat you did not  |  |
|   | s the claim subject to offset?  | report as priority cla   |  |   |  |  |
|   | No  |  |  | g plans, and other similar deb  | ts   |  |
| I   | Yes   | Other. Specify   | Credit Card  |   |  |  |

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Desc Main Page 23 of 52 Case number (if know) Document Debtor 1 Michael P. Seat 4.2 \$10,681.67 **Chase Card** Last 4 digits of account number 5660 Nonpriority Creditor's Name P.O. Box 15298 When was the debt incurred? Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 **Citicards CBNA** Last 4 digits of account number 8420 \$4,397.68 Nonpriority Creditor's Name P.O. Box 6241 When was the debt incurred? Sioux Falls. SD 57117-6241 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes Illinois Gastroenterology Group 6831 \$490.53 4.4 Last 4 digits of account number LLC Nonpriority Creditor's Name P.O. Box 7630 When was the debt incurred? May 25, 2017 Gurnee, IL 60031 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical expenses ☐ Yes

Page 24 of 52 Case number (if know) Debtor 1 Michael P. Seat \$23.40 4.5 Laboratory Physicians, LLC Last 4 digits of account number 1117 Nonpriority Creditor's Name P.O. Box 88087 When was the debt incurred? May 17, 2017 Chicago, IL 60680 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical expenses ☐ Yes 4.6 V.A.S.C. Anesthesia Last 4 digits of account number 1768 \$84.36 Nonpriority Creditor's Name 2320 Dean Street, Suite 103 When was the debt incurred? May 25, 2017 Saint Charles, IL 60175 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical expenses** Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim** Domestic support obligations 6a. 6a. 0.00 Total claims 6b. from Part 1 6b. Taxes and certain other debts you owe the government 0.00 Claims for death or personal injury while you were intoxicated 6c. 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f Student loans 6f. 0.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 6q. 0.00 6g.

6h.

here.

6h

6i

you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Add all other nonpriority unsecured claims. Write that amount

0.00

39,372.05

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Debtor 1 Michael P. Seat

Total Nonpriority. Add lines 6f through 6i.

\$ 6j. 39,372.05

|                     |                          | 12(1)             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Michael P. Seat          |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                                |   |                   |   |
| 0   | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     | J.,       |                                | State   |                   |   |

|  |  | Documer                       | <u>t Page 27 of 52</u>  |  |
|--|--|-------------------------------|---|--|
| Fill in this info                      | rmation to identify your   | case:                         |   |  |
| Debtor 1                               | Michael P. Seat  |                               |   |  |
| 20210.                                 | First Name   | Middle Name                   | Last Name   |  |
| Debtor 2                               |  |                               |   |  |
| (Spouse if, filing)                    | First Name   | Middle Name                   | Last Name   |  |
| United States E                        | Bankruptcy Court for the:  | NORTHERN DISTRICT O           | OF ILLINOIS   |  |
| Case number                            |  |                               |   |  |
| (if known)                             |  |                               |   | ☐ Check if this is an amended filing   |
| Official F                             | orm 106H   |                               |   |  |
|  | e H: Your Cod  | obtore                        |   | 40/45  |
| Scriedure                              | e n. Tour Cou  | enroi 2                       |   | 12/15  |
| 1. Do you □ □ No ■ Yes 2. Within the   | have any codebtors? (If y<br>he last 8 years, have you<br>alifornia, Idaho, Louisiana, | ı lived in a community pro    | o not list either spouse as a codebto<br>perty state or territory? ( <i>Commun</i><br>to Rico, Texas, Washington, and W | nity property states and territories include   |
|  |  | use, or legal equivalent live | with you at the time?   |  |
| in line 2 aç<br>Form 106E<br>out Colum | gain as a codebtor only i<br>)), Schedule E/F (Official<br>n 2.                        | f that person is a guaranto   | or or cosigner. Make sure you hav<br>e G (Official Form 106G). Use Sci  | use is filing with you. List the person shown ve listed the creditor on Schedule D (Official hedule D, Schedule E/F, or Schedule G to fill |
|  | mn 1: Your codebtor Number, Street, City, State and ZI                                 | P Code                        |   | 2: The creditor to whom you owe the debt all schedules that apply:   |
| 312                                    | dra L. Seat<br>E. Fabyan Parkway<br>Ivia, IL 60510                                     |                               | ■ Sche<br>□ Sche<br>□ Sche  | edule D, lineedule E/F, line   |

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| Fill               | in this information to identify your ca  | ase:                          |   |                        |                        |                        |  |                              |
|--------------------|--|-------------------------------|---|------------------------|------------------------|------------------------|--|------------------------------|
|                    | otor 1 Michael P. S  |                               |   |                        |                        |                        |  |                              |
|                    | otor 2  puse, if filing)   |                               |   |                        |                        |                        |  |                              |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC            | CT OF ILLINOIS                                      |                        |                        |                        |  |                              |
| (If kr             | fficial Form 106l  |                               |   |                        | ☐ Ai                   | 3 income a             | d filing<br>ent showing pos<br>as of the followi | stpetition chapter ing date: |
| _                  | chedule I: Your Inc  | ome                           |   |                        | IVI                    | M / DD/ Y              | YYY  | 12/1                         |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly, and your spo<br>ith you, do not include | ouse is li<br>informat | ving with<br>ion about | you, inclu<br>your spo | ude informatio<br>use. If more s                 | n about your pace is needed, |
| 1.                 | Fill in your employment information.   |                               | Debtor 1  |                        |                        | Debtor 2               | or non-filing                                    | spouse                       |
|                    | If you have more than one job,   | Employment status             | ■ Employed  |                        |                        | ☐ Employed             |  |                              |
|                    | attach a separate page with information about additional   | Employment status             | ☐ Not employed                                      |                        |                        | ☐ Not employed         |  |                              |
|                    | employers.   | Occupation                    | Tool and Die Maker                                  |                        |                        |                        |  |                              |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name               | Perfection Spring                                   | & Stam                 | ping                   |                        |  |                              |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address            | 1449 E. Algonquin<br>Mount Prospect, Il             |                        |                        |                        |  |                              |
|                    |  | How long employed to          | here? 2 years                                       |                        |                        | _                      |  |                              |
| Pai                | Give Details About Mor   | nthly Income                  |   |                        |                        |                        |  |                              |
|                    | mate monthly income as of the dause unless you are separated.  | ate you file this form. If    | you have nothing to repo                            | ort for any            | line, write            | \$0 in the             | space. Include                                   | your non-filing              |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                               | ombine the information fo                           | or all emp             | loyers for t           | that perso             | n on the lines b                                 | elow. If you need            |
|                    |  |                               |   |                        | For Deb                | otor 1                 | For Debtor 2 non-filing s                        |                              |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                               |   | 2.                     | 4,                     | 918.18                 | \$   | N/A                          |
| 3.                 | Estimate and list monthly overt  | ime pay.                      |   | 3. +\$                 | S                      | 729.71                 | +\$  | N/A                          |

5,647.89

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1         | Michael P. Seat  | -        | C        | Case      | number (if known | n) |            |                    |                |  |
|-----|---------------|--|----------|----------|-----------|------------------|----|------------|--------------------|----------------|--|
|     |               |  |          |          | For       | Debtor 1         |    |            | Debtor<br>filing s |                |  |
|     | Сор           | y line 4 here  | 4.       |          | \$_       | 5,647.8          | 9  | \$         | illing 0           | N/A            | _  |
| 5.  | List          | all payroll deductions:  |          |          |           |                  |    |            |                    |                |  |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a       | ١.       | \$        | 1,086.7          | 6  | \$         |                    | N/A            |  |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b       |          | \$        | 0.0              | _  | \$         |                    | N/A            | _  |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c       | :.       | \$        | 0.0              |    | \$         |                    | N/A            | _  |
|     | 5d.           | Required repayments of retirement fund loans   | 5d       | ١.       | \$_       | 0.0              | 0  | \$         |                    | N/A            | _  |
|     | 5e.           | Insurance  | 5e       | ٠.       | \$        | 659.6            | 4  | \$         |                    | N/A            | _  |
|     | 5f.           | Domestic support obligations   | 5f.      |          | \$_       | 0.0              | 0  | \$         |                    | N/A            | _  |
|     | 5g.           | Union dues   | 5g       | ١.       | \$_       | 0.0              |    | \$         |                    | N/A            | _  |
|     | 5h.           | Other deductions. Specify: Unreimbursed Work Supplies  | 5h       | .+       | \$        | 1,248.0          | 0  | + \$       |                    | N/A            | <u>.                                    </u> |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       |          | \$_       | 2,994.4          | 0  | \$         |                    | N/A            | _  |
| 7.  | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       |          | \$_       | 2,653.4          | 9  | \$         |                    | N/A            | <u>.                                    </u> |
| 8.  | List<br>8a.   | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                        | 8a       | L.       | \$        | 0.0              | 0  | \$         |                    | N/A            |  |
|     | 8b.           | Interest and dividends   | 8b       |          | <u> </u>  | 0.0              |    | \$         |                    | N/A            | _  |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c       |          | \$_       | 0.0              | 0  | \$         |                    | N/A            | _  |
|     | 8d.           | Unemployment compensation  | 8d       |          | \$_       | 0.0              |    | \$         |                    | N/A            | _  |
|     | 8e.           | Social Security  | 8e       | ٠.       | \$_       | 0.0              | 0  | \$         |                    | N/A            | <del>_</del>                                 |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f.      |          | \$_<br>\$ | 0.0              |    | \$         |                    | N/A            | _  |
|     | 8g.<br>8h.    | Other monthly income. Specify:   | 8g<br>8h |          | \$<br>_   | 0.0              |    | + \$       |                    | N/A<br>N/A     | _  |
|     | OII.          | Other monthly income. Specify.   | _ 011    | ı.Ŧ<br>— | Ψ_        | 0.0              |    | ΤΨ <u></u> |                    | IN/A           | _  |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | \$       | <u> </u>  | 0.0              | 0  | \$         |                    | N/A            | A  |
| 10. | Cald          | culate monthly income. Add line 7 + line 9.  | 10.      | \$       |           | 2,653.49 +       | \$ |            | N/A                | = \$           | 2,653.49                                     |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          | *-       |           | 2,000.40         | _  |            | 17/7               | -              | 2,000.40                                     |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:                              | depe     |          |           | . •              |    |            | chedule<br>11.     |                | 0.00   |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |          |          |           |                  |    |            | 12.                | \$             | 2,653.49                                     |
| 13. | Dov           | you expect an increase or decrease within the year after you file this form  | ?        |          |           |                  |    |            | ·                  | Combi<br>month | ned<br>ly income                             |
|     |               | No.  |          |          |           |                  |    |            |                    |                |  |
|     | П             | Ves Evolain:   |          |          |           |                  |    |            |                    |                | I  |

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| Fill | in this information to ic  | dentify your case:                       |  |  |                             |   |   |
|------|--|--|--|--|-----------------------------|---|---|
| Deb  | otor 1 Micha   | ael P. Seat                              |  |  | Che                         | ck if this is:  |   |
|      | otor 2 ouse, if filing)  |  |  |  |                             | An amended filing<br>A supplement show<br>13 expenses as of | wing postpetition chapter the following date: |
| Unit | ted States Bankruptcy Co   | urt for the: NORTI                       | HERN DISTRICT OF ILLIN   | OIS  |                             | MM / DD / YYYY  |   |
| Cas  | se number  |  |  |  |                             |   |   |
|      | nown)  |  |  |  |                             |   |   |
| 0    | fficial Form 1   | 06J                                      |  |  |                             |   |   |
| S    | chedule J: Y   | our Expe                                 | nses   |  |                             |   | 12/15   |
| info | as complete and acc<br>ormation. If more spa<br>mber (if known). Ans | ce is needed, atta                       | . If two married people ar<br>ach another sheet to this<br>on. | e filing together, be<br>form. On the top of | oth are equ<br>f any additi | ally responsible fo<br>onal pages, write y                  | or supplying correct<br>your name and case    |
|      | t 1: Describe You  |  |  |  |                             |   |   |
| 1.   | Is this a joint case?  | •  |  |  |                             |   |   |
|      | ■ No. Go to line 2.  ☐ Yes. <b>Does Debto</b>                        | or 2 live in a separ                     | rate household?  |  |                             |   |   |
|      | □ No   | •  |  |  |                             |   |   |
|      | ☐ Yes. Debt  | or 2 must file Offic                     | ial Form 106J-2, <i>Expenses</i>                               | for Separate House                           | ehold of Deb                | otor 2.   |   |
| 2.   | Do you have depen  | dents? ■ No                              |  |  |                             |   |   |
|      | Do not list Debtor 1 a<br>Debtor 2.                                  | and Yes.                                 | Fill out this information for each dependent                   | Dependent's relati<br>Debtor 1 or Debto      |                             | Dependent's age   | Does dependent live with you?                 |
|      | Do not state the   |  |  |  |                             |   | □ No  |
|      | dependents names.  |  |  |  |                             |   | □ Yes<br>□ No                                 |
|      |  |  |  |  |                             |   | ☐ Yes   |
|      |  |  |  |  |                             | _   | □ No  |
|      |  |  |  |  |                             |   | ☐ Yes   |
|      |  |  |  |  |                             |   | □ No<br>□ Yes                                 |
| 3.   | Do your expenses i   |  | l <sub>No</sub>  |  |                             |   | <b>—</b> 103                                  |
|      | expenses of people<br>yourself and your d                            |  | l Yes  |  |                             |   |   |
| Por  |  | •  | ly Evnoncos  |  |                             |   |   |
| Est  |  | as of your bankr                         | uptcy filing date unless y y is filed. If this is a supp       |  |                             |   |   |
| the  |  |  | government assistance in cluded it on Schedule I: Y            |  |                             | Your exp  | enses   |
|      |  |  |  |  |                             |   |   |
| 4.   | The rental or home payments and any re                               |  | nses for your residence. In<br>or lot.                         | nclude first mortgage                        | e<br>4. S                   | \$  | 1,379.62                                      |
|      | If not included in lin   | ne 4:                                    |  |  |                             |   |   |
|      | 4a. Real estate ta   |  |  |  | 4a. S                       | ·   | 0.00  |
|      |  | eowner's, or rente                       |  |  | 4b. 9                       |   | 0.00  |
|      |  | nance, repair, and<br>association or con |  |  | 4c. \$<br>4d. \$            |   | 290.00<br>0.00                                |
| 5.   |  |  | <b>our residence.</b> such as ho                               | me equity loans                              | 5. 9                        | ·   | 0.00  |

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| Debto       | r 1 Michael                       | P. Seat  | Case num   | ber (if known)      |                        |
|-------------|-----------------------------------|--|------------|---------------------|------------------------|
| 6. U        | Jtilities:                        |  |            |                     |                        |
| -           |                                   | , heat, natural gas  | 6a.        | \$                  | 175.00                 |
|             | •                                 | ewer, garbage collection   | 6b.        | \$                  | 45.00                  |
| _           |                                   | e, cell phone, Internet, satellite, and cable services   | 6c.        | ·                   | 165.00                 |
|             | d. Other. Sp                      |  | 6d.        | ·                   | 0.00                   |
| _           |                                   | sekeeping supplies   | 7.         | ·                   | 400.00                 |
|             |                                   | children's education costs   | 8.         | \$                  | 0.00                   |
| _           |                                   | dry, and dry cleaning  | 9.         | \$                  | 150.00                 |
|             | -                                 | products and services  | 9.<br>10.  | · —                 |                        |
|             |                                   | •  |            | ·                   | 65.00                  |
|             |                                   | ental expenses   | 11.        | \$                  | 660.00                 |
|             | ransportation<br>Do not include o | I. Include gas, maintenance, bus or train fare.  | 12.        | \$                  | 400.00                 |
|             |                                   | clubs, recreation, newspapers, magazines, and books  | 13.        | ·                   | 86.00                  |
|             |                                   | tributions and religious donations   | 14.        | •                   | 0.00                   |
|             | nsurance.                         | inbutions and religious donations  | 14.        | Ψ                   | 0.00                   |
|             |                                   | nsurance deducted from your pay or included in lines 4 or 20.  |            |                     |                        |
|             | 5a. Life insura                   |  | 15a.       | \$                  | 200.00                 |
|             | 5b. Health ins                    |  | 15b.       | ·                   | 0.00                   |
|             | 5c. Vehicle in                    |  | 15c.       | · -                 | 100.00                 |
|             |                                   | urance. Specify:   | 15d.       |                     | 0.00                   |
|             |                                   | nclude taxes deducted from your pay or included in lines 4 or 20.  |            | Ψ                   | 0.00                   |
| _           | Specify:                          | nclude taxes deducted from your pay or included in lines 4 or 20.  | 16.        | \$                  | 0.00                   |
| 7. Ir       | nstallment or l                   | lease payments:  |            |                     |                        |
| 1           | 7a. Car paym                      | nents for Vehicle 1  | 17a.       | \$                  | 370.00                 |
| 1           | 7b. Car paym                      | nents for Vehicle 2  | 17b.       | \$                  | 0.00                   |
| 1           | 7c. Other. Sp                     | ecify:   | 17c.       | \$                  | 0.00                   |
| 1           | 7d. Other. Sp                     | pecify:  | 17d.       | \$                  | 0.00                   |
|             |                                   | s of alimony, maintenance, and support that you did not report as  |            | Ф.                  | 0.00                   |
|             |                                   | your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.        | ·                   |                        |
|             |                                   | s you make to support others who do not live with you.   | 40         | \$                  | 0.00                   |
|             | Specify:                          |  | 19.        |                     |                        |
|             |                                   | perty expenses not included in lines 4 or 5 of this form or on School and other property.                    |            |                     | 0.00                   |
|             |                                   | s on other property  | 20a.       |                     | 0.00                   |
|             | 20b. Real esta                    |  | 20b.       | · -                 | 0.00                   |
|             |                                   | homeowner's, or renter's insurance   | 20c.       |                     | 0.00                   |
|             |                                   | nce, repair, and upkeep expenses   | 20d.       |                     | 0.00                   |
|             |                                   | ner's association or condominium dues  | 20e.       | \$                  | 0.00                   |
| i. <b>C</b> | Other: Specify:                   |  | 21.        | +\$                 | 0.00                   |
| 2. <b>C</b> | Calculate your                    | monthly expenses   |            |                     |                        |
|             | 22a. Add lines 4                  | • •  |            | \$                  | 4,485.62               |
|             |                                   | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |            | \$                  | .,                     |
|             |                                   | 2a and 22b. The result is your monthly expenses.   |            | \$                  | A 40E 62               |
| 2           | .zc. Aud IIIIe ZZ                 | a and 220. The result is your monthly expenses.  |            | Ψ                   | 4,485.62               |
|             | •                                 | monthly net income.  |            |                     |                        |
|             |                                   | 12 (your combined monthly income) from Schedule I.   | 23a.       |                     | 2,653.49               |
| 2           | :3b. Copy you                     | r monthly expenses from line 22c above.  | 23b.       | -\$                 | 4,485.62               |
| ^           | 12a Cultura - 1                   | volume monthly, even and of from your monthly in a series  |            |                     |                        |
| 2           |                                   | your monthly expenses from your monthly income.<br>t is your <i>monthly net income</i> .                     | 23c.       | \$                  | -1,832.13              |
|             |                                   | •  |            | -                   |                        |
|             |                                   | an increase or decrease in your expenses within the year after yo  |            |                     | or dooroos to          |
|             |                                   | ou expect to finish paying for your car loan within the year or do you expect you<br>terms of your mortgage? | ı mortgage | payment to increase | or decrease because of |
|             |                                   | , terms or your mortgage:  |            |                     |                        |
|             | No.                               | le   |            |                     |                        |
|             | ∃ Yes.                            | Explain here:  |            |                     |                        |

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| Fill in this info                                     | rmation to identify your   | case:  |                               |  |
|---|----------------------------|--|-------------------------------|--|
| Debtor 1  | Michael P. Seat            |  |                               |  |
|   | First Name                 | Middle Name  | Last Name                     |  |
| Debtor 2  |                            |  |                               |  |
| (Spouse if, filing)                                   | First Name                 | Middle Name  | Last Name                     |  |
| United States B                                       | ankruptcy Court for the:   | NORTHERN DISTRICT                                    | OF ILLINOIS                   |  |
| Case number   |                            |  |                               |  |
| (if known)  |                            |  |                               | ☐ Check if this is an amended filing   |
| Official For  | m 106Dec                   |  |                               |  |
| <b>Declara</b>  | tion About a               | an Individual  | <b>Debtor's Sche</b>          | edules 12/15   |
| You must file th<br>obtaining mone<br>years, or both. | is form whenever you fi    | ile bankruptcy schedules<br>n connection with a bank |                               | information.  aking a false statement, concealing property, or nes up to \$250,000, or imprisonment for up to 20 |
| Did you pa  | ay or agree to pay some    | eone who is NOT an attor                             | ney to help you fill out bank | cruptcy forms?   |
| ■ No  |                            |  |                               |  |
| ☐ Yes.  | Name of person             |  |                               | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)                     |
| Under pen   | alty of perjury, I declare | that I have read the sum                             | mary and schedules filed wi   | ith this declaration and   |

Signature of Debtor 2

Date

that they are true and correct.

X /s/ Michael P. Seat Michael P. Seat

Signature of Debtor 1

Date March 28, 2018

| Fill in this informa                    | ation to identify your   | case:                   |  |   |  |
|---|--|-------------------------|--|---|--|
| Debtor 1                                | Michael P. Seat<br>First Name  | Middle Name             | Last Name  |   |  |
| Debtor 2<br>(Spouse if, filing)         | First Name   | Middle Name             | Last Name  |   |  |
| United States Bank                      | kruptcy Court for the:   | NORTHERN DISTRIC        | CT OF ILLINOIS                                       |   |  |
| Case number                             |  |                         |  |   | ☐ Check if this is an amended filing   |
| Official Form                           |  | an Individua            | al Debtor's S  | chedules  | 12/15  |
| obtaining money o<br>years, or both. 18 | form whenever you to<br>or property by fraud i<br>U.S.C. §§ 152, 1341, 1 | in connection with a ba | ies or amended schedule<br>ankruptcy case can resulf | s. Making a faise sta<br>t in fines up to \$250,0 | tement, concealing property, or<br>000, or imprisonment for up to 20   |
| Did you pay                             | or agree to pay some   | eone who is NOT an at   | torney to help you fill out                          | bankruptcy forms?                                 | The state of the s |
| ■ No<br>□ Yes. Na                       | ame of person  |                         |  |   | nkruptcy Petition Preparer's Notice,<br>on, and Signature (Official Form 119)  |
|   | true and correct   | that I have read the su | ummary and schedules fi<br>X                         | led with this declarat                            | tion and   |

|                      |                               | nation to identify you          | r case:   |   |   |   |
|----------------------|-------------------------------|---------------------------------|---|---|---|---|
| Deb                  | tor 1                         | Michael P. Seat First Name      | Middle Name   | Last Name   |   |   |
|                      | tor 2<br>use if, filing)      | First Name                      | Middle Name   | Last Name   |   |   |
| Unit                 | ed States Bar                 | nkruptcy Court for the:         | NORTHERN DISTRICT (   | OF ILLINOIS   |   |   |
| Cas<br>(if kno       | e number                      |                                 |   |   | _   | Check if this is an                                   |
| Sta<br>Be a<br>infor | s complete a                  | of Financial                    | attach a separate sheet to  | are filing together, both are                         | ankruptcy<br>equally responsible for sup<br>additional pages, write you |   |
| Par                  | Give D                        | etails About Your Ma            | nrital Status and Where You   | Lived Before  |   |   |
| 1.                   | What is your                  | current marital statu           | ıs?   |   |   |   |
|                      | ■ Married □ Not mar           | ried                            |   |   |   |   |
| 2.                   | During the la                 | ast 3 years, have you           | lived anywhere other than   | where you live now?                                   |   |   |
|                      | ■ No □ Yes. Lis               | t all of the places you l       | ived in the last 3 years. Do no   | ot include where you live now                         |   |   |
|                      | Debtor 1 Pr                   | ior Address:                    | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:  | Dates Debtor 2<br>lived there                         |
|                      |                               |                                 |   |   | ity property state or territor<br>co, Texas, Washington and V           |   |
|                      | ■ No<br>□ Yes. Ma             | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (O   | fficial Form 106H).                                   |   |   |
| Part                 | Explai                        | n the Sources of You            | r Income  |   |   |   |
|                      | Fill in the tota              | I amount of income yo           | nployment or from operatin<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part-                       |   | ndar years?   |
|                      | □ No<br>■ Yes. Fill           | in the details.                 |   |   |   |   |
|                      |                               |                                 | Debtor 1  |   | Debtor 2  |   |
|                      |                               |                                 | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                              | Gross income<br>(before deductions<br>and exclusions) |
|                      | last calenda<br>nuary 1 to De | r year:<br>cember 31, 2017)     | ■ Wages, commissions, bonuses, tips   | \$54,228.85   | ☐ Wages, commissions, bonuses, tips                                     |   |
|                      |                               |                                 | ☐ Operating a business  |   | ☐ Operating a business  |   |

Official Form 107

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Debtor 1 Michael P. Seat

|     |                                |   |  | Debtor 1  |   |   |  |  | Debtor 2                                |                               |  |
|-----|--------------------------------|---|--|---|---|---|--|--|---|-------------------------------|--|
|     |                                |   |  | Sources of Check all t  |   | (be   | oss income<br>fore deduction<br>clusions)                                    | s and                                  | Sources of in<br>Check all that         |                               | Gross income<br>(before deductions<br>and exclusions)            |
|     |                                | dar year bef<br>December 3              |  | ■ Wages, bonuses, t   | commissions,  |   | \$55,0   | 43.18                                  | ☐ Wages, conbonuses, tips               | nmissions,                    |  |
|     |                                |   |  | ☐ Operati   | ng a business   |   |  |  | ☐ Operating a                           | a business                    |  |
|     | the calen<br>nuary 1 to        | dar year:<br>December :                 | 31, 2015 )   | ■ Wages, bonuses, ti  | commissions,  |   | \$59,98  | 84.00                                  | ☐ Wages, cor<br>bonuses, tips           | nmissions,                    |  |
|     |                                |   |  | ☐ Operati   | ng a business   |   |  |  | ☐ Operating a                           | a business                    |  |
|     | and other winnings.  List each | public benef<br>If you are fili         | it payments;  <br>ng a joint cas<br>ne gross inco  | pensions; re<br>se and you h  |   | rest; di<br>you red   | vidends; mone<br>ceived together   | ey collecter, list it or               | ed from lawsuits<br>nly once under D    | ; royalties; and<br>Debtor 1. | ecurity, unemployment,<br>d gambling and lottery                 |
|     |                                |   |  | Debtor 1  |   |   |  |  | Debtor 2                                |                               |  |
|     |                                |   |  | Sources of Describe be  |   | eac<br>(be  | oss income from source fore deduction blusions)                              |  | Sources of in<br>Describe below         |                               | Gross income<br>(before deductions<br>and exclusions)            |
| Par | t 3: Lis                       | Certain Pa                              | yments You   | Made Befor  | e You Filed for I   | Bankr   | uptcy  |  |   |                               |  |
| 6.  | □ No.                          | Neither Deindividual puring the No. Yes | ebtor 1 nor D<br>orimarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>o adjustment | Debtor 2 has<br>personal, fa<br>pre you filed for<br>each creditor<br>editor. Do not<br>payments to<br>t on 4/01/19 | mily, or househol<br>or bankruptcy, di<br>to whom you pai<br>it include paymen<br>an attorney for th<br>and every 3 years | Imer d<br>Id purp<br>d you  <br>id a tot<br>his for c<br>his bar<br>s after | pay any credite al of \$6,425* o domestic supp nkruptcy case. that for cases | or a total<br>or more in<br>ort obliga | of \$6,425* or more partions, such as c | ore?<br>syments and the       | 1(8) as "incurred by an he total amount you nd alimony. Also, do |
|     | Yes.                           |   |  |   | primarily consu<br>or bankruptcy, di  |   |  | or a total                             | of \$600 or more                        | ?                             |  |
|     |                                | ■ No.                                   | Go to line 7   |   |   |   |  |  |   |                               |  |
|     |                                | □ <sub>Yes</sub>                        | include pay  |   |   |   |  |  |   |                               | t creditor. Do not<br>nclude payments to an                      |
|     | Creditor                       | 's Name and                             | l Address  |   | Dates of payme  | ent   | Total amo  | ount<br>paid                           | Amount you still owe                    | Was this p                    | payment for  |

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Case number (if known) Debtor 1 Michael P. Seat

| 7.  | Within 1 year before you filed for bankruptc: Insiders include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | tners; relatives of any gene<br>control, or owner of 20% or | eral partners; partners more of their voting | erships of which you | ou are a genera<br>ny managing a | al partner; corporations<br>gent, including one for |
|-----|--|---|--|----------------------|----------------------------------|---|
|     | Yes. List all payments to an insider.  |   |  |                      |                                  |   |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid                            | Amount you still owe | Reason for                       | this payment  |
| 3.  | Within 1 year before you filed for bankruptcy insider? Include payments on debts guaranteed or cosignum in No  Yes. List all payments to an insider  |   | nents or transfer a                          | any property on a    | ccount of a de                   | ebt that benefited an                               |
|     | Insider's Name and Address   | Dates of payment  | Total amount                                 | Amount you still owe | Reason for                       | this payment  |
| Por | rt 4: Identify Legal Actions, Repossessions  | and Forcelogues   | paid   | Still Owe            | include cred                     | iitoi s name  |
| Э.  | Within 1 year before you filed for bankrupto: List all such matters, including personal injury of modifications, and contract disputes.  ■ No □ Yes. Fill in the details.  Case title                    |   |  |                      |                                  | t or custody  |
|     | Case number  | Nature of the case  | Court of agency                              |                      | Otatus Or th                     | ic case   |
| 10. | Within 1 year before you filed for bankruptor. Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.   |   | rty repossessed, f                           |                      | shed, attached                   |   |
|     | Creditor Name and Address  | Describe the Property                                       |  | Date                 |                                  | Value of the<br>property                            |
| 11. | Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.  Creditor Name and Address  |   |  |                      | n, set off any a                 | amounts from your                                   |
|     |  |   |  | takeı                | 1                                |   |
|     | Within 1 year before you filed for bankruptcy court-appointed receiver, a custodian, or an No Yes  List Certain Gifts and Contributions  |   | rty in the possess                           | ion of an assigne    | e for the bene                   | efit of creditors, a                                |
| 13. | Within 2 years before you filed for bankrupto ■ No   | cy, did you give any gifts                                  | with a total value                           | of more than \$60    | 00 per person                    | ?   |
|     | ☐ Yes. Fill in the details for each gift.  |   |  |                      |                                  |   |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  |  | Date<br>the g        | s you gave<br>iifts              | Value   |
|     | Person to Whom You Gave the Gift and Address:  |   |  |                      |                                  |   |

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| 14. | Within 2 years before you filed for bank ■ No   |                             |   | with a tota    | I value of more than                     | \$600 to any charity?     |  |
|-----|---|-----------------------------|---|----------------|--|---------------------------|--|
|     | Yes. Fill in the details for each gift or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Con  | total                       | Describe what you contributed   |                | Dates you contributed                    | Value                     |  |
| Pa  | rt 6: List Certain Losses   |                             |   |                |  |                           |  |
| 15. | Within 1 year before you filed for bankroor gambling?   | uptcy o                     | r since you filed for bankruptcy, did yo  | ou lose anyt   | hing because of thef                     | t, fire, other disaster   |  |
|     | ■ No □ Yes. Fill in the details.  |                             |   |                |  |                           |  |
|     | Describe the property you lost and how the loss occurred  | Includ                      | ribe any insurance coverage for the lost<br>te the amount that insurance has paid. List<br>since claims on line 33 of Schedule A/B: P | st pending     | Date of your loss                        | Value of property<br>lost |  |
| Pa  | tt 7: List Certain Payments or Transfer   | rs                          |   |                |  |                           |  |
| 16. | Within 1 year before you filed for bankruconsulted about seeking bankruptcy or Include any attorneys, bankruptcy petition  No   | prepari                     | ing a bankruptcy petition?  |                |  | rty to anyone you         |  |
|     | Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not   | You                         | Description and value of any proper transferred   | rty            | Date payment or transfer was made        | Amount of payment         |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16. |                             |   |                |  |                           |  |
|     | ■ No  |                             |   |                |  |                           |  |
|     | ☐ Yes. Fill in the details.   |                             |   |                |  |                           |  |
|     | Person Who Was Paid<br>Address  |                             | Description and value of any proper transferred   | rty            | Date payment<br>or transfer was<br>made  | Amount of payment         |  |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have all No  Yes. Fill in the details.  | <b>ur busi</b> ı<br>rs made | ness or financial affairs? as security (such as the granting of a sec   |                |  |                           |  |
|     | Person Who Received Transfer Address  |                             | Description and value of property transferred   |                | any property or received or debts change | Date transfer was made    |  |
|     | Person's relationship to you  |                             |   |                |  |                           |  |
| 19. | Within 10 years before you filed for ban beneficiary? (These are often called asset No  |                             |   | lf-settled tru | ist or similar device o                  | of which you are a        |  |
|     | Yes. Fill in the details.  Name of trust  |                             | Description and value of the proper   | ty transferr   | ed                                       | Date Transfer was made    |  |
|     |   |                             |   |                |  |                           |  |

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Debtor 1 Michael P. Seat

|     | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No |             |  |                             |             |   |  |    |
|-----|---|-------------|--|-----------------------------|-------------|---|--|----|
|     | ☐ Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   |             | digits of<br>nt number                               | Type of acco                | ount or     | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last baland<br>before closing o<br>transfe | or |
| 21. | Do you now have, or did you have within cash, or other valuables?  No Yes. Fill in the details.   | l year bef  | ore you filed f                                      | or bankruptcy, a            | ıny safe de | eposit box or other depo                                      | sitory for securities,                     |    |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Α           | ho else had a<br>ddress (Number<br>ate and ZIP Code) |                             | Describe    | the contents  | Do you still have it?                      |    |
| 22. | Have you stored property in a storage uni  ■ No □ Yes. Fill in the details.   | t or place  | other than yo  | ur home within <sup>,</sup> | 1 year befo | ore you filed for bankrup                                     | ccy?                                       |    |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | to<br>A     | ho else has on it? ddress (Number ate and ZIP Code)  |                             | Describe    | the contents  | Do you still have it?                      |    |
| Pa  |   |             |  | li de escentia              |             |   | Con on bold to down                        |    |
| 23. | Do you hold or control any property that s for someone.   | omeone (    | eise owns? ind                                       | clude any prope             | rty you bo  | rrowed from, are storing                                      | tor, or nota in trust                      |    |
|     | Yes. Fill in the details.   |             |  |                             |             |   |  |    |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | (N          | here is the pro<br>umber, Street, City<br>ode)       |                             | Describe    | the property  | Valu                                       | e  |
| Pai | t 10: Give Details About Environmental Ir   | nformatio   | n  |                             |             |   |  |    |
|     | the purpose of Part 10, the following defini  |             |  |                             |             |   |  |    |
|     | Environmental law means any federal, statoxic substances, wastes, or material into regulations controlling the cleanup of the   | the air, la | ınd, soil, surfa                                     | ce water, groun             | • .         | •   |  | r  |
|     | Site means any location, facility, or prope   | -           |  | y environmental             | law, whetl  | her you now own, operat                                       | e, or utilize it or use                    | d  |
|     | to own, operate, or utilize it, including dis<br>Hazardous material means anything an er<br>hazardous material, pollutant, contaminar   | ivironmer   | ital law define                                      | s as a hazardou:            | s waste, h  | azardous substance, tox                                       | ic substance,                              |    |
| Rep | ort all notices, releases, and proceedings t  | hat you k   | now about, re  | gardless of whe             | n they occ  | urred.  |  |    |
| 24. | Has any governmental unit notified you th   | at you ma   | y be liable or                                       | potentially liable          | e under or  | in violation of an enviro                                     | nmental law?                               |    |
|     | ■ No □ Yes. Fill in the details.  |             |  |                             |             |   |  |    |

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Case 18-09046 Doc 1 Filed 03/28/18 Entered 03/28/18 15:45:02 Page 39 of 52 Document ase number (*if known*) Debtor 1 Michael P. Seat 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael P. Seat Signature of Debtor 2 Michael P. Seat Signature of Debtor 1 Date March 28, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form ☐ No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Michael P. Seat

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| Debtor   | 1            | Michael P. Seat  | Ca  | ase number (if known)   |  |
|--|--------------|--|---|---|--|
|  |              |  |   |   |  |
| 25. Ha   | ive y        | you notified any governmental unit of a  | ny release of hazardous material?   |   |  |
|  | N.           | lo   |   |   |  |
|  |              | es. Fill in the details.   |   |   |  |
|  |              | e of site<br>ess (Number, Street, City, State and ZIP Code)                      | Governmental unit Address (Number, Street, City, State and ZIP Code)  | Environmental law, if you know it   | Date of notice                         |
| 26. Ha   | ive y        | you been a party in any judicial or admi   | nistrative proceeding under any environ   | mental law? Include settlements   | and orders.                            |
| 1500   |              | 1-   |   |   |  |
|  |              | lo<br>'es. Fill in the details.  |   |   |  |
|  |              | Title<br>Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | ature of the case   | Status of the case                     |
| Part 1   |              | Give Details About Your Business or C  | onnections to Any Business  |   |  |
|  |              |  |   | f the following connections to an   | v husinoss?                            |
| 27. VV   |              |  | y, did you own a business or have any o<br>a trade, profession, or other activity, eitl   |   | y business?                            |
|  |              | _  |   |   |  |
|  |              | •  | ny (LLC) or limited liability partnership (   | LLP)  |  |
|  |              | A partner in a partnership   |   |   |  |
|  | _            | ☐ An officer, director, or managing exec<br>–                                    | ·   |   |  |
|  | E            | ☐ An owner of at least 5% of the voting  | or equity securities of a corporation   |   |  |
|  | N            | lo. None of the above applies. Go to Pa  | art 12.   |   |  |
|  | l Y          | es. Check all that apply above and fill i  | n the details below for each business.  |   |  |
|  | ddr<br>ddr   |  | Describe the nature of the business   | Employer Identification number<br>Do not include Social Security  |  |
|  |              |  | Name of accountant or bookkeeper  | Dates business existed  |  |
|  |              | n 2 years before you filed for bankruptc<br>utions, creditors, or other parties. | y, did you give a financial statement to a  | anyone about your business? Incl  | ude all financial                      |
|  |              | ations, orcations, or other parties.   |   |   |  |
|  |              | No<br>Yes. Fill in the details below.  |   |   |  |
| <u>.                                    </u>   | ı r<br>Iame  |  | Date Issued   |   |  |
| A  | ddr          | ess  |   |   |  |
|  |              | per, Street, City, State and ZIP Code)   |   |   |  |
| NAME OF THE OWNER, WHEN PARTY OF THE OWNER, WH |              | Sign Below   |   |   |  |
| are tru<br>with a  | e an<br>bajn | nd correct. I understand that making a fa  | ncial Affairs and any attachments, and I<br>alse statement, concealing property, or o<br>250,000, or imprisonment for up to 20 ye | obtaining money or property by fi   | that the answers<br>raud in connection |
| K  | (p)          | hard Seal  |   |   |  |
|  |              | P. Seat<br>e of Debtor 1   | Signature of Debtor 2   | and a section of the |  |
| Date   |              |  | Date  |   |  |
| Did yo<br>■ No<br>□ Yes  |              | tach additional pages to Your Statemer   | nt of Financial Affairs for Individuals Fili  | ng for Bankruptcy (Official Form '  | 107)?                                  |
| Did yo   | u pa         | ay or agree to pay someone who is not  | an attorney to help you fill out bankrupt   | cy forms?   |  |
|  | s. Na        | ame of Person Attach the Bankrup   | tcy Petition Preparer's Notice, Declaration,  | and Signature (Official Form 119).  |  |
| Official   | Form         | n 107 Stateme  | nt of Financial Affairs for Individuals Filing fo   | r Bankruptcy  | page                                   |

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|   |   | Doc  | ument Page 42 of 52   |                               |                               |
|---|---|--|---|-------------------------------|-------------------------------|
| Fill in this inforn   | nation to identify your                             | case:  |   |                               |                               |
| Debtor 1  | Michael P. Seat                                     |  |   |                               |                               |
|   | First Name  | Middle Name  | Last Name   | _                             |                               |
| Debtor 2<br>(Spouse if, filing)                                       | First Name  | Middle Name  | Last Name   |                               |                               |
| United States Bar   | nkruptcy Court for the:                             | NORTHERN DIST  | TRICT OF ILLINOIS   |                               |                               |
| Case number(if known)   |   |  |   | ☐ Check if amende             | f this is an<br>ed filing     |
| Official Fo   |   | n for Indiv  | iduals Filing Under C   | hapter 7                      | 12/15                         |
| ■ creditors have ■ you have lease You must file this whicher on the f | ver is earlier, unless th<br>form                   | ur property, or<br>nd the lease has no<br>ithin 30 days after<br>e court extends the |   | pies to the creditors and les | ssors you list                |
| write yo  | our name and case num                               | nber (if known).   | needed, attach a separate sheet to this                         | iorm. On the top of any add   | itional pages,                |
|   | our Creditors Who Have<br>ors that you listed in Pa |  | : Creditors Who Have Claims Secured by                          | Property (Official Form 106   | 6D), fill in the              |
| information be<br>Identify the cre                                    | elow.<br>editor and the property the                | nat is collateral  | What do you intend to do with the propsecures a debt?           |                               | m the property on Schedule C? |
| Creditor's <b>P</b> l name:   | NC Bank   |  | ☐ Surrender the property. ☐ Retain the property and redeem it.  | □ No                          |                               |
| Description of property   | 2016 Chevrolet Eq                                   | uinox 15000  | ■ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes                         |                               |

Part 2: List Your Unexpired Personal Property Leases

**Wells Fargo Home Mortgage** 

IL 60510 Kane County

312 E. Fabyan Parkway Batavia,

Home is in state of disrepair -

needs new roof to be able to

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Surrender the property.

☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

Will the lease be assumed?

☐ No

Yes

Official Form 108

securing debt:

Description of

securing debt:

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Michael P. Seat   | Case number (if known)   |
|--|--|
|  |  |
| Lessor's name: Description of leased   | □ No   |
| Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Part 3: Sign Below   |  |
| Under penalty of perjury, I declare that I have indicated my intention a property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| X /s/ Michael P. Seat  | X  |
| Michael P. Seat  | Signature of Debtor 2  |
| Signature of Debtor 1  |  |
| Date March 28, 2018  | Date   |

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| Debtor 1 Michael P. Seat   | Case number (if known)                                     |
|--|--|
|  |  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased Property:  | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Lessor's name:   | □ No   |
| Description of leased<br>Property:   | ☐ Yes  |
| Part 3 Sign Below  |  |
| Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease. | property of my estate that secures a debt and any personal |
|  |  |
|  | ature of Debtor 2  |
| Signature of Debtor 1  |  |
| Date Date  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-09046 Doc 1 Filed 03/28/18 Entered 03/28/18 15:45:02 Desc Main Document Page 49 of 52

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re       | Michael P. Seat  |  | Case No.   |   |  |  |  |
|-------------|--|--|--|---|--|--|--|
|             |  | Debtor(s)  | Chapter  | 7                                       |  |  |  |
|             | DISCLOSURE OF COMI   | PENSATION OF ATTOI   | RNEY FOR DE  | BTOR(S)                                 |  |  |  |
| (           | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat  | filing of the petition in bankruptcy,  | or agreed to be paid to  | o me, for services rendered or to       |  |  |  |
|             | For legal services, I have agreed to accept  |  | \$   | 0.00                                    |  |  |  |
|             | Prior to the filing of this statement I have receive   | ved  | \$   | 0.00                                    |  |  |  |
|             |  |  |  | 0.00                                    |  |  |  |
| 2. ′        | The source of the compensation paid to me was:   |  |  |   |  |  |  |
|             | ■ Debtor □ Other (specify):  |  |  |   |  |  |  |
| 3. ′        | The source of compensation to be paid to me is:  |  |  |   |  |  |  |
|             | ■ Debtor □ Other (specify):  |  |  |   |  |  |  |
| 4.          | ■ I have not agreed to share the above-disclosed co  | ompensation with any other person  | unless they are member   | ers and associates of my law firm       |  |  |  |
|             | ☐ I have agreed to share the above-disclosed comp<br>copy of the agreement, together with a list of the  |  |  |   |  |  |  |
| 5.          | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |  |  |   |  |  |  |
| 1           | <ul> <li>a. Analysis of the debtor's financial situation, and restriction.</li> <li>b. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cred.</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors reaffirmation agreements and applic 522(f)(2)(A) for avoidance of liens on</li> </ul> | statement of affairs and plan which<br>editors and confirmation hearing, an<br>to reduce to market value; exc<br>ations as needed; preparation | n may be required;<br>and any adjourned heari<br>emption planning; p | ings thereof; preparation and filing of |  |  |  |
| <b>6.</b> ] | By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding.   |  |  | s, relief from stay actions or          |  |  |  |
|             |  | CERTIFICATION  |  |   |  |  |  |
|             | I certify that the foregoing is a complete statement of bankruptcy proceeding.   | f any agreement or arrangement for   | payment to me for rep  | presentation of the debtor(s) in        |  |  |  |
| M           | larch 28, 2018   | /s/ Tracey A. How  | /er  |   |  |  |  |
|             | Date   | Tracey A. Hower  |  |   |  |  |  |
|             |  | Signature of Attorne   |  |   |  |  |  |
|             |  | Mevorah Law Off  |  |   |  |  |  |
|             |  | 134 North Bloom<br>Bloomingdale, IL  |  |   |  |  |  |
|             |  | Name of law firm   |  |   |  |  |  |

### United States Bankruptcy Court Northern District of Illinois

| In re | Michael P. Seat                            |   | Case No.          |                           |
|-------|--|---|-------------------|---------------------------|
|       |  | Debtor(s)   | Chapter           | 7                         |
|       | VE   | RIFICATION OF CREDITOR MA                               | ATRIX             |                           |
|       |  | Number of C   | Creditors:        | 9                         |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credito                | ors is true and o | correct to the best of my |
| Date: | March 28, 2018                             | /s/ Michael P. Seat Michael P. Seat Signature of Debtor |                   |                           |

### United States Bankruptcy Court Northern District of Illinois

|       |  | . 10. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12 |                                |               |
|-------|--|--|--------------------------------|---------------|
| In re | Michael P. Seat                                |  | Case No.                       |               |
|       |  | Debtor(s)                                    | Chapter 7                      |               |
|       |  |  |                                |               |
|       | VERIF  | ICATION OF CREDITOR N                        | MATRIX                         |               |
|       |  | Number o                                     | f Creditors:                   | 9             |
|       | The above-named Debtor(s) her (our) knowledge. | eby verifies that the list of cred           | itors is true and correct to t | he best of my |
| Date: |  | ARM C  |                                |               |
|       |  | Michael P. Seat                              |                                |               |
|       |  | Signature of Debtor                          |                                |               |

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Laboratory Physicians, LLC P.O. Box 88087 Chicago, IL 60680

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